

RECEIVED

MAR 13 2009

**PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION**  
 (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

<b>Department</b>		<b>Your Department's Risk Management BARS Code:</b>	
Public Works Rds		150.200.6200.54290 .46.0030	
<b>Employee Completing Report</b>	Employee Name: Brian Webb		
	Division, Section, Etc.: Public Works Roads		
	Work Address	Work Phone: 798-6000	
<b>Person Injured/Involved in the Accident or Incident</b>	Name: Brian Webb		Age:
	Home Address		Home Phone
	Occupation: Equipment Operator		
	Employed By: Pierce County	Work Phone: 798-6000	
	What was the involved person doing at the time of accident or incident?		
<b>Date, Time and Place</b>	Date: 3/11/09	Time: 1:00 PM	A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>
	Location: 27106 Webster Rd		
<b>The Injury</b>	Nature and extent of injury		
	Where was injured taken after accident?		Name of Doctor
	Why was injured on premises?		
<b>Property Damage or Theft of Property</b>	Owner's Name: Awest		Home Phone
	Address		
	List damage: Broken Phone line		
	Police Case #:		
<b>Description of Accident, Incident or Unsafe Condition</b>	(Attach additional sheets if necessary.)		
	Ditching the Hill on Webster Rd. Hit and broke phone line at driveway tile. See Pictures		
Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #:			
<b>Describe 1st Aid:</b>		PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Witnesses</b>	Name	Address	Wk Phone Hm Phone
	Name	Address	Wk Phone Hm Phone
	Date, location and badge # or name of police authority to whom incident was reported:		
Date: 3/11/09	Signature of Employee: [Signature]	Signature of Department or Agency Head: [Signature] 3-12-09	

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT  
 955 Tacoma Avenue South, Suite 303  
 Tacoma, WA 98402

